



10-11-07

1615

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,839	
	Filing Date	January 25, 2002	
	First Named Inventor	Zalipsky et al.	
	Art Unit	1615	
	Examiner Name	Kishore, Gollamudi S.	
Total Number of Pages in This Submission	2	Attorney Docket Number	55325-8167.US04

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Transmittal (1 page) 2. Request for Withdrawal as Attorney (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Perkins Coie LLP		
Signature	<i>Judy M. Mohr</i>		
Printed name	Judy M. Mohr		
Date	October 8, 2007	Reg. No.	38,563

Express Mail Label No. EM 099 802 932 US



PTO/SB/83 (01-06)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/057,839
Filing Date	January 25, 2002
First Named Inventor	Zalipsky et al.
Art Unit	1615
Examiner Name	Kishore, Gollamudi S.
Attorney Docket Number	55325-8167.US04

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: In an email dated 9/11/2007, the client has requested that this case be transferred to another law firm shown below.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: **OR**☒ Firm or Individual Name **Robins & Pasternak LLP**

Address	1731 Embarcadero Road, Suite 230				
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Signature					
Name	Judy M. Mohr	Registration No.	38,563		
Date	October 8, 2007	Telephone No.	650-838-4300		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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